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| <b>U.S. Department of Energy</b><br><b>Electricity Delivery and Energy Reliability</b><br><b>Form OE-417 (revised 12/2008)</b>   |                                      | <b><i>ELECTRIC EMERGENCY INCIDENT<br/>AND DISTURBANCE REPORT</i></b>   |  | <b>Form Approved</b><br><b>OMB No. 1901-0288</b><br><b>Approval Expires 12/31/11</b> |  |
| <b>NOTICE:</b> This report is <b>mandatory</b> under Public Law 93-275. Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For the sanctions and the provisions concerning the confidentiality of information submitted on this form, see General Information portion of the instructions. <b>Title 18 USC 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.</b> |                                      |  |  |  |  |
| <b>RESPONSE DUE:</b> Submit a Schedule 1 as an Emergency Alert report within 1 hour if for incidents 1-8 below. All other initial reports are due within 6 hours of the incident. Submit updates as needed and a final report (Schedules 1 and 2) within 48 hours.   |                                      |  |  |  |  |
| <p align="center"><b>METHODS OF FILING RESPONSE</b><br/>(Retain a completed copy of this form for your files.)</p>   |                                      |  |  |  |  |
| <b>E-mail:</b> Submit your form via e-mail as an attachment to <a href="mailto:doehqeo@hq.doe.gov">doehqeo@hq.doe.gov</a> .<br><b>FAX:</b> FAX your Form OE-417 to the following facsimile number: (202) 586-8485. (Use if e-mail is not available.)<br><b>Telephone:</b> <b>If you are unable to e-mail or fax the form, please call and report the information to the following telephone number: (202) 586-8100.</b>  |                                      |  |  |  |  |
| <p align="center"><b>SCHEDULE 1 -- ALERT NOTICE</b> (page 1 of 3)</p>  |                                      |  |  |  |  |
| <p align="center"><b>Criteria for Filing (Check all that apply)</b></p>  |                                      |  |  |  |  |
| <p align="center"><b>See Instructions For More Information</b></p>   |                                      |  |  |  |  |
| If any box 1-8 on the right is checked, this form must be filed within 1 hour of the incident; check Emergency Alert (for the Alert Status) on <b>Line 1</b> below.  | 1. <input type="checkbox"/>          | Actual physical attack that causes major interruptions or impacts to critical infrastructure facilities or to operations   |  |  |  |
|  | 2. <input type="checkbox"/>          | Actual cyber or communications attack that causes major interruptions of electrical system operations  |  |  |  |
|  | 3. <input type="checkbox"/>          | Complete operational failure or shut-down of the transmission and/or distribution electrical system  |  |  |  |
|  | 4. <input type="checkbox"/>          | Electrical System Separation (Islanding) where part or parts of a power grid remain(s) operational in an otherwise blacked out area or within the partial failure of an integrated electrical system |  |  |  |
|  | 5. <input type="checkbox"/>          | Uncontrolled loss of 300 Megawatts or more of firm system loads for more than 15 minutes from a single incident  |  |  |  |
|  | 6. <input type="checkbox"/>          | Load shedding of 100 Megawatts or more implemented under emergency operational policy  |  |  |  |
|  | 7. <input type="checkbox"/>          | System-wide voltage reductions of 3 percent or more  |  |  |  |
|  | 8. <input type="checkbox"/>          | Public appeal to reduce the use of electricity for purposes of maintaining the continuity of the electric power system   |  |  |  |
| If any box 9-12 on the right is checked AND none of the boxes 1-8 are checked, this form must be filed within 6 hours of the incident; check Normal Alert (for the Alert Status) on <b>Line 1</b> below.   | 9. <input type="checkbox"/>          | Suspected physical attacks that could impact electric power system adequacy or reliability; or vandalism which target components of any security systems   |  |  |  |
|  | 10. <input type="checkbox"/>         | Suspected cyber or communications attacks that could impact electric power system adequacy or vulnerability  |  |  |  |
|  | 11. <input type="checkbox"/>         | Loss of electric service to more than 50,000 customers for 1 hour or more  |  |  |  |
|  | 12. <input type="checkbox"/>         | Fuel supply emergencies that could impact electric power system adequacy or reliability  |  |  |  |
| If significant changes have occurred after filing the initial report, re-file the form with the changes and check Update (for the Alert Status) on <b>Line 1</b> below.<br><br>The form must be re-filed 48 hours after the incident occurred with the latest information and with Final (for the Alert Status) checked on <b>Line 1</b> below   |                                      |  |  |  |  |
| <b>LINE NO.</b>  | <b>ORGANIZATION FILING</b>           |  |  |  |  |
| 1.   | Alert Status (check one)             | Emergency Alert <input type="checkbox"/><br>1 Hour   | Normal Alert <input type="checkbox"/><br>6 Hours | Update <input type="checkbox"/><br>As required                                       | Final <input type="checkbox"/><br>48 Hours |
| 2.   | Organization Name                    |  |  |  |  |
| 3.   | Address of Principal Business Office |  |  |  |  |

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| <b>U.S. Department of Energy</b><br><b>Electricity Delivery and Energy Reliability</b><br><b>Form OE-417 (revised 12/2008)</b> | <b><i>ELECTRIC EMERGENCY INCIDENT<br/>AND DISTURBANCE REPORT</i></b> | <b>Form Approved</b><br><b>OMB No. 1901-0288</b><br><b>Approval Expires 12/31/11</b> |
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**SCHEDULE 1 -- ALERT NOTICE** (page 2 of 3)

| INCIDENT AND DISTURBANCE DATA |   |  |                             |
|-------------------------------|---|--|-----------------------------|
| 4.                            | Geographic Area(s) Affected   | Unknown [   ]  |                             |
| 5.                            | Date/Time Incident Began<br>(mm-dd-yy/hh:mm) using 24-hour clock        | ____ - ____ - ____ / ____ : ____<br>mo   dd   yy   hh   mm |                             |
| 6.                            | Date/Time Incident Ended<br>(mm-dd-yy/ hh:mm) using 24-hour clock       | ____ - ____ - ____ / ____ : ____<br>mo   dd   yy   hh   mm |                             |
| 7.                            | Did the incident/disturbance originate in your system/area? (check one) | Yes [   ]  | No [   ]      Unknown [   ] |
| 8.                            | Estimate of Amount of Demand Involved<br>(Peak Megawatts)               | Unknown [   ]  |                             |
| 9.                            | Estimate of Number of Customers Affected                                | Unknown [   ]  |                             |
| 10.                           | Internal Organizational Tracking Number<br>(if applicable)              |  |                             |

| 11. Type of Emergency<br>Check all that apply | 12. Cause of Incident<br>Check if known or suspected  | 13. Actions Taken<br>Check all that apply               |
|---|---|---|
| Major Physical Attack [   ]                   | Complete Electrical System Failure [   ]  | Shed Firm Load [   ]                                    |
| Major Cyber Attack [   ]                      | Electrical System Separation – Islanding [   ]  | Reduced Voltage [   ]                                   |
| Major Transmission System Interruption [   ]  | Inadequate Electric Resources to Serve Load [   ]   | Made Public Appeals [   ]                               |
| Major Generation Inadequacy [   ]             | Actual or Suspected Attack<br>Physical [   ]<br>Cyber/Computer/Telecom [   ]<br>Vandalism [   ]         | Implemented a Warning, Alert, or Contingency Plan [   ] |
| Major Distribution System Interruption [   ]  | Transmission Equipment [   ]  | Shed Interruptible Load [   ]                           |
| Other [   ]                                   | Loss of Part or All of a High Voltage Substation or Switchyard (230 kV + for AC, 200 kV+ for DC). [   ] | Repaired/Restored [   ]                                 |
|   | Weather or Natural Disaster [   ]   | Other [   ]   |
|   | Operator Action(s) [   ]  |   |
|   | Fuel Supply Deficiency (e.g., gas, oil, water) [   ]  |   |
|   | Unknown Cause [   ]   |   |
|   | Other [   ]   |   |

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| SCHEDULE 2 -- NARRATIVE DESCRIPTION (page 3 of 3)  |                  |   |  |   |  |
| THIS INFORMATION IS CONSIDERED PROTECTED   |                  |   |  |   |  |
| NAME OF OFFICIAL THAT NEEDS TO BE CONTACTED FOR FOLLOW-UP AND ANY ADDITIONAL INFORMATION   |                  |   |  |   |  |
| 14.  | Name             |   |  |   |  |
| 15.  | Title            |   |  |   |  |
| 16.  | Telephone Number | (    )-(    )-(    )                                  |  |   |  |
| 17.  | FAX Number       | (    )-(    )-(    )                                  |  |   |  |
| 18.  | E-mail Address   |   |  |   |  |
| <p>Provide a description of the incident and actions taken to resolve it. Include as appropriate, the cause of the incident/disturbance, equipment damaged, critical infrastructures interrupted and effects on other systems. Be sure to identify: the estimate restoration date, the name of any lost high voltage substations or switchyards, whether there was any electrical system separation (and if there were, what the islanding boundaries were), and the name of the generators and voltage lines that were lost (shown by capacity type and voltage size grouping). If necessary, copy and attach additional sheets. Equivalent documents, containing this information can be supplied to meet the requirement; this includes the NERC Interconnection Reliability Operating Limit and Preliminary Disturbance Report. Along with the filing of Schedule 2, a final (updated) Schedule 1 needs to be filed. Check the Final box on line 1 for Alert Status on Schedule 1 and submit this and the completed Schedule 2 no later than 48 hours after the event.</p> |                  |   |  |   |  |
| 19. Narrative:   |                  |   |  |   |  |
|  |                  |   |  |   |  |
| Estimated Restoration Date for all Affected Customers<br>Who Can Receive Power   |                  |   |  | _____ - _____ - _____<br>mo        dd        yy                 |  |
| Name of Generator(s) and<br>Voltage Line(s) system<br>reference (terminal points)<br><br>(For these losses, please group by<br>generator type and voltage size)  |                  |   |  |   |  |
| Identify Name of Lost High<br>Voltage Substation(s) and/or<br>Switchyards<br><br>(230 kV + for AC -- 200 kV+ for DC)   |                  |   |  |   |  |
| Identify Electrical System<br>Separation: Islanding<br>Boundaries<br><br>(DOE needs a basic<br>description/understanding of the<br>linked generating resources to load<br>pockets.)  |                  |   |  |   |  |